

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 99842 Office of Registrar of Vital Statistics. Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 16 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Julia Graef

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 29 Years, 4 Months, 1 Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. } Housewife

Occupation, Housewife

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto. Ciz.

Duration of Residence in the City of Baltimore, All of life

Place of Death, { Give street and Number. } 931 E. Preston St.

Cause of Death, { First (Primary), Phtisis Pulmonalis }
Second (Immediate), "

Duration of Last Sickness, One Year.

Place of Burial, Baltimore Cemetery

Date of Burial, May 19th

Undertaker, Geo. Schilling

Place of Business, Ashland Square

Medical Attendant, M. D. [Signature]

Address, 1821 Mad. Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99843 Office of Registrar of Vital Statistics.

Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 16th 87
Full Name of Deceased, Eva Mueller
Sex, Male or Female, female
Age, 63 Years, 1 Months, Days.
Color, White
Married, Single, Widow or Widower, Widow
Occupation, House Keeper
Birth Place, Germany
Duration of Residence in the City of Baltimore, 38 years
Place of Death, 127 L Wolfe St
Cause of Death, General Dropsy, caused by general Debility
Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, May 18 87

Undertaker, E. France

Place of Business, 320 N 8th St

J. H. Smith M. D.
Medical Attendant.

Address, 909 S. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm.1132. Printed 10/25/2022.

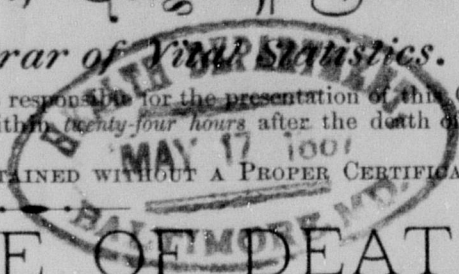
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9984 Office of Registrar of Vital Statistics. Ward 17²

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, May 16th 1887

Full Name of Deceased, Joseph Gely { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male ~~Female~~ { Cross out the word not required in this line. }

Age, 24 Years, 3 Months, 20 Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~ { Cross out the words not required in this line. }

Occupation, Farmer ✓

Birth Place, Balto. City { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, _____

Place of Death, Door no 824 Covington St. { Give Street and Number. }

Cause of Death, Pulmonary Tuberculosis { First (Primary), Second (Immediate). }

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, May 18

Undertaker, B. H. Galt R. J. N. Tall. M. D. Medical Attendant.

Place of Business, 115 West St Address, 152 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99845 Office of Registrar of Vital Statistics.

Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 16 1887

Full Name of Deceased, May M Hutchinson
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male
{ Cross out the word not required in this line. }

Age, 66 Years, — Months, — Days.

Color, White

Married, Single, Widow or Widower, Single
{ Cross out the words not required in this line. }

Occupation, —

Birth Place, Dorchester Co Md
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 52 years

Place of Death, 903 Harding St (Harnden)
{ Give Street and Number. }

Cause of Death, Phthisis
{ First (Primary), Second (Immediate). }

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, May 18

Undertaker, B. Y. Clark

Place of Business, 115 West A

Leonard Cooper M. D.
Medical Attendant.

Address, 578 Harmon St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99846 Office of Registrar of Vital Statistics.

Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 14th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Florence Taylor

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 24 Years, _____ Months, _____ Days.

Color, Col

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Laundress

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Tennessee

Duration of Residence in the City of Baltimore, 17 years

Place of Death, { Give Street and Number. } 118 Balgoni Str.

Cause of Death, { First (Primary), Second (Immediate), } Phthisis Pulmonalis

Duration of Last Sickness, 2 m^{os}

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 17th 1887 B. S. Filcomb, M. D.

{ Undertaker, Samuel W. Chase Medical Attendant. }

{ Place of Business, 41 S. Howard St. Address, 836 N. Balt. St. }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99847 Office of Registrar of Vital Statistics. Ward 12^c

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May, 17th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Clarence H. Brooks,

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 5 Years, Months, Days

Color, Colored - ✓

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Chf

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Chf

Duration of Residence in the City of Baltimore, During lifetime

Place of Death, { Give Street and Number. } 1960 N. Etting St. New No 2030

Cause of Death, { First (Primary), Marasmus

{ Second (Immediate), Exhaustion

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, May 17th 1887

{ Undertaker, Alex Hensley Medical Attendant, J. Ricker M. D.

{ Place of Business, 361 Perchard St Address, Perma Am & Robert

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99848 Office of Registrar of Vital Statistics.

Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 16th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catharine Magdalen Holthaus

Sex, Male or Female, { Cross out the word not required in this line. } female

Age, 26 Years, _____ Months, _____ Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } married ✓

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto. City

Duration of Residence in the City of Baltimore, since born

Place of Death, { Give Street and Number. } 1452 Hull st

Cause of Death, { First (Primary), Second (Immediate), } Phthisis Pulmonalis

Duration of Last Sickness, 4 years 6 months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, May 18. 1887

Undertaker, D. Baile J. G. Gausch M. D.

Medical Attendant.

Place of Business, 115 West St Address, 1727 E. Balto. st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 79849 Office of Registrar of Vital Statistics. Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 17th 1887
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Geo. B. Schuch
Sex, Male or Female, { Cross out the word not required in this line. } male
Age, 5 Years, _____ Months, _____ Days.
Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } single

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto. City

Duration of Residence in the City of Baltimore, since born

Place of Death, { Give Street and Number. } 620 Port St

Cause of Death, { First (Primary), Second (Immediate), } Typhoid fever

Duration of Last Sickness, 21 days
All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Church

Date of Burial, May 18th

{ Undertaker, W. Laugel } P. G. Laugel M. D. Medical Attendant.

{ Place of Business, 157 S. Bond St } Address, 1727 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. *99850*

Office of Registrar of Vital Statistics.

Ward *11*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *May 16th 1887.*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Helen May Barton,*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *1* Years, *14* Months, *14* Days

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, *✓*

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, *During lifetime*

Place of Death, { Give Street and Number. } *No 518 W. Biddle St*

Cause of Death, { First (Primary), *(Acute) Drowningitis -*
Second (Immediate), *Exhaustion* }

Duration of Last Sickness, *14 days -*

All the above information should be furnished by the Physician.

Place of Burial, *Landon Park*

Date of Burial, *May 18th 1887*

{ Undertaker, *Wm Weaver*

{ Place of Business, *738 N. Eutaw St* Address, *Penna Ave & Robert St*

R. Rickert M.D.

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99857 Office of Registrar of Vital Statistics. Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 16 - 87

Full Name of Deceased, Geo. Wm Perry Johnson

Sex, Male or ~~Female~~, {Cross out the word not required in this line. }

Age, 52 Years, Months, Days.

Color, Colored

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line. }

Occupation, Steward

Birth Place, {State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give Street and Number. } 727 Stirling St.

Cause of Death, {First (Primary), } Valvular Dis. Heart

{Second (Immediate), } Pulmonary Congestion & Asphyxia

Duration of Last Sickness, 3 1/2 months

All the above information should be furnished by the Physician.

Place of Burial, Asberry Cemetery

Date of Burial, May 18th / 87

{Undertaker, William Dungee } M. D. J. G. Meyer

{Place of Business, 150 East St } Address, 4 So. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]